

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AW	75331	
O.I.P.E. CLASSIFIER		8	3-31-99
FORMALITY REVIEW		70608	4-6-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

(LEFT INSIDE)